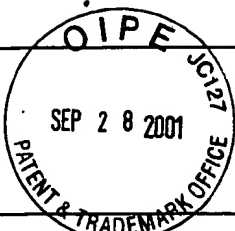


Receipt



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CORRECTED FILING RECEIPT

ATTORNEY'S DOCKET NO.
40101/02201

APPLICATION NO.
09/888,955

FILING DATE
June 25, 2001

EXAMINER

ART UNIT
2122

INVENTION TITLE
SYSTEM AND METHOD FOR
DETERMINING THE ROOT CAUSE OF A
FAILURE

INVENTOR(S)
Calvin White

RECEIVED

Address to:

OCT 11 2001

Commissioner of Patents
Washington D.C. 20231

Technology Center 2100

Applicant respectfully requests that the Filing Receipt be corrected to indicate the Title of this application as SYSTEM AND METHOD FOR DETERMINING THE ROOT CAUSE OF A FAILURE.

Please issue a corrected Filing Receipt as requested above. As this correction was necessitated by a Patent Office error, no fees are believed to be required. However, if any fees are required, please use the deposit account of **Fay Kaplun & Marcin, LLP**, deposit account number **50-1492**. A copy of this sheet is enclosed for that purpose.

Dated: *Sept. 26, 2001*

By:

[Signature]
Oleg F. Kaplun, (Reg. No. 45,559)
Fay Kaplun & Marcin, LLP
100 Maiden Lane, 17th Floor
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(212) 898-7200
(212) 208-6819 / (212) 898-8800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on

Date: *9/26/01*

Reg. No. 65,558

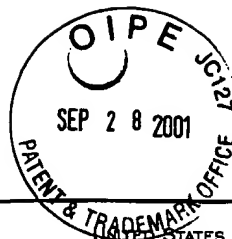
Signature

Tesha Ramos

~~Fay Kaplun & Marcin, LLP~~



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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/888,955	06/25/2001	2122	1014	40101/02201	6	28	5

CONFIRMATION NO. 1402

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100 Maiden Lane, 17th Floor
New York, NY 10038

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OC000000006448401

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Date Mailed: 08/20/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Calvin White, Calgary, CANADA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 08/20/2001

Projected Publication Date: 12/26/2002

Non-Publication Request: No

Early Publication Request: No

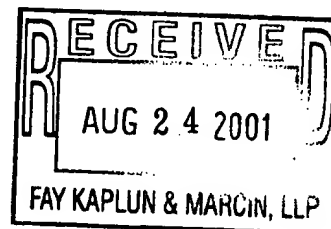
Title

System and method for determining a root cause of a failure

System and Method for determining the root cause of a failure.

Preliminary Class

717



Data entry by : BETEMARIAM, TIRUAYENET

Team : OIPE

Date: 08/20/2001



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Bib Data Sheet

CONFIRMATION NO. 1402

SERIAL NUMBER 09/888,955	FILING DATE 06/25/2001 RULE	CLASS 717	GROUP ART UNIT 2122	ATTORNEY DOCKET NO. 40101/02201	
APPLICANTS Calvin White, Calgary, CANADA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CANADA	SHEETS DRAWING 6	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 5
ADDRESS FAY KAPLUN & MARCIN, LLP 100 Maiden Lane, 17th Floor New York ,NY 10038					
TITLE System and method for determining the root cause of a failure					
FILING FEE RECEIVED 1014	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		